



RULE 63 (37 C.F.R. 1.63)

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
TO THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **Transgenic Mice Containing Cerberus Gene Disruptions**, the specification of which was filed **June 21, 2001** under Serial No. **09/887,552**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patent ability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

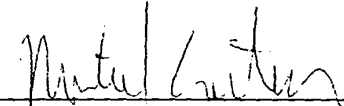
PRIOR FOREIGN APPLICATION(S):			Date first Laid-	Date Patented	Priority Claimed
Number	Country	Day/MONTH/Year Filed	open or Published	or Granted:	Yes <input type="checkbox"/> No <input type="checkbox"/>

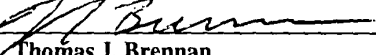
I hereby claim domestic priority benefit under 35 U.S.C. 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patent ability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)		Status	Priority Claimed?
Application No.:	Day/MONTH/Year Filed:	(pending, abandoned)	
60/213,670	21/06/2000	converted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
60/266,046	01/02/2001	converted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
60/282,668	09/04/2001	converted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint **John E. Burke, Reg. 35,836, Robert J. Driscoll, Ph.D., Reg. 47,536, Jane K. Babin, Ph.D., Reg. 47,224, and Mariette A. Lapiz, Reg. 44,202**, all of DeltaGen, Inc., 1003 Hamilton Avenue, Menlo Park, CA 94025, telephone number (650) 463-5836 (to whom all communications are to be directed), individually and collectively, as my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to add names of attorneys and/or patent agents as they see fit.

1. INVENTOR'S SIGNATURE:  Date 10-22-01
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2. INVENTOR'S SIGNATURE:  Date 10-22-01
Inventor's Name: **Thomas J. Brennan** Country of Citizenship: **United States of America**
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3. INVENTOR'S SIGNATURE: _____ Date _____
Inventor's Name: _____ Country of Citizenship: **United States of America**
Residence (City, State): _____
Post Office Address: _____